

PLACE OF BIRTH

No. *Globe*of *Globe*

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. *152*

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. *349*

Local Registrar's No. _____

(No. _____ St; _____ Ward)

NAME OF CHILD *Thomas Bragg Johnson*

Born } YES

is not named, make Supplemental Report on blank obtainable from local registrar.

Alive } ~~NO~~

<i>Male</i>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <i>yes</i>	Date of Birth <i>July 15 1918</i>
					(Month) (Day) (Yr.)

FATHER *Thomas B. Johnson*Residence *Globe, Ariz.*Color or Race *White* Age at last Birthday *32* (Years)Birthplace *Hillsboro, Texas*Occupation *Miner*MOTHER *Ola Medlin*Residence *Globe, Ariz.*Color or Race *White* Age at last Birthday *28* (Years)Birthplace *Coryell, Texas*Occupation *Housewife*

child of this mother... <i>2</i>	Number of children, of this mother, now living... <i>2</i>	Were precautions taken against Ophthalmia neonatorum? <i>yes</i>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of above child; and that it occurred on *July 15 1918* at *4:10 A.M.*

If there is no attending physician, midwife, then the householder make this return.

(Signature) *Alvin J. Smith*
(Attending physician, midwife, householder.)*

or christian name added from a

Address *Globe, Ariz.*

mental report _____ 191_____

Filed *7/20* 191*8**315-715-645*
COUNTY REGISTRAR.Filed *8/6* 191*8* True Copy *Alvin J. Smith*
LOCAL REGISTRAR.
COUNTY REGISTRAR.